

Page 1

RALEIGH, NC 27699-1090

(INCOMPLETE APPLICATIONS WILL BE RETURNED)

- Revised 2/01

10. Have you ever held a valid North Carolina certified applicator's (CA) card or equivalent thereto?

Yes _____ No _____ If yes, give CA number and phase(s) _____. Expiration date _____.

Have you ever held a valid CA card or equivalent thereto from any other state? Yes _____ No _____

If yes, complete the following:

Type(s) or Phase (s) CA Cards Held	How CA Card Obtained (Exam, etc.)	Issuing Agency (ies) and Name of State	Date(s) Issued	Expiration Date(s)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____

11. Have you ever held a valid North Carolina structural pest control license? Yes _____ No _____

If yes, give license number and phase(s) held _____ Expiration date _____

Have you ever held a valid structural pest control license or equivalent thereto from any other state?

Yes _____ No _____. If yes, complete the following:

Type(s) or Phases(s) License(s) Held	How License Obtained (Exam or GFC)	Issuing Agency(ies) and Name of State	Date(s) Issue	Expiration Date(s)
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____

12. Have you ever had a structural pest control license or certified applicator's (CA) card or equivalent thereto, suspended or revoked by any state in the U.S.?

Yes _____ No _____ If yes, complete the following:

Type of License/CA Card Suspended or Revoked	Specify Whether License/ CA Card Suspended or Revoked	Date of Suspension or Revocation	Agency (ies) Which Suspended or Revoked License/CA Card and Name of State
a. _____	_____	_____	_____
b. _____	_____	_____	_____

13. We, the undersigned citizens, hereby Certify to the good moral character and temperate habits of this applicant (Recommendations must be from reputable citizens who are not related to the applicant by either consanguinity or affinity. Signatures must be authentic and made by the individual so named.):

a. Signed _____ Occupation _____

Address _____ Telephone No. _____
(Street or P.O. Box) (State) (Zip)

b. Signed _____ Occupation _____

Address _____ Telephone No. _____
(Street or P. O. Box) (State) (Zip)

c. Signed _____ Occupation _____

Address _____ Telephone No. _____
(Street or P. O. Box) (State) (Zip)

Signed (Applicant) _____

Date _____, 20____

QUESTIONNAIRE

(COMPLETE AND SUBMIT WITH APPLICATION FOR LICENSE EXAMINATION)

1. Name of applicant: _____
2. Name of company and location you will operate from in this state should you secure a North Carolina structural pest control license: _____

(Company Name)
(Street or P.O. Box)
(City)

(State)
(Zip)
(County)
3. Date above company was organized: _____, 20____
4. Is this company incorporated? Yes_____ No_____ If yes, complete the following:
The trade name of the company is registered in _____ (County), _____ (State).
5. List previous addresses of this company's branch office and length of time at each address for the past ten years:
 - a. _____ From _____, 20____ To _____, 20____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - b. _____ From _____, 20____ To _____, 20____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - c. _____ From _____, 20____ To _____, 20____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - d. _____ From _____, 20____ To _____, 20____

(Street or P.O. Box)
(City)
(State)
(Zip)
6. List the names and addresses of the officers or owners of this company:
 - a. Name _____ Title _____
Address _____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - b. Name _____ Title _____
Address _____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - c. Name _____ Title _____
Address _____

(Street or P.O. Box)
(City)
(State)
(Zip)
 - d. Name _____ Title _____
Address _____

(Street or P.O. Box)
(City)
(State)
(Zip)

- Address of employer _____
- (Street or P.O. Box) (City) (State) (Zip)

For self-employed applicants, in lieu of the employer's affidavit, Section 4, Page 1, please attach notarized letters from customers you have serviced. Letters should indicate you have a minimum of 2 years' experience in each of the phases of structural pest control in which you wish to be examined.

11. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF HOUSEHOLD PESTS, complete the following:

Name of Pests	Years Experience In Controlling	Pesticides Currently Used (List by Brand name only)
a. Ants	_____	_____
b. American Roaches	_____	_____
c. Brown-Banded Roaches	_____	_____
d. Clothes Moths	_____	_____
e. Fleas	_____	_____
f. German Roaches	_____	_____
g. House flies	_____	_____
h. Mice	_____	_____
i. Millipedes	_____	_____
j. Rats	_____	_____
k. Sawtoothed Grain Beetle	_____	_____
l. Silverfish	_____	_____
m. Wasps	_____	_____

12. If you are applying to take the examination for a LICENSE FOR THE CONTROL OF WOOD-DESTROYING ORGANISMS, complete the following:

Name of Pests	Years Experience In Controlling	Pesticides Currently Used (List by Brand name only)
a. Carpenter Ants	_____	_____
b. Carpenter Bees	_____	_____
c. Dry Wood Termites	_____	_____
d. Old House Borers	_____	_____
e. Powder-Post Beetles	_____	_____
f. Subterranean Termites	_____	_____
g. Wood-Decay Fungi	_____	_____

13. If you are applying to take the examination for a FUMIGATION LICENSE, complete the following:

Fumigants	Number of Years Experience With	Type of gas Mask used	Type of Canister used
a. Chloropicrin	_____	_____	_____
b. Methyl Bromide	_____	_____	_____
c. Phostoxin	_____	_____	_____
d. Vikane	_____	_____	_____
e. Other Fumigants (List):	_____	_____	_____

Signed (Applicant) _____

Date _____, 20____

State of _____)
)
County of _____)

_____ after
(Applicant's Name)

being duly sworn on his oath deposes and says that he has read Parts 1, 2, and 3 of the above and foregoing application and that the statements and answers contained therein are true and correct. Applicant further acknowledges that an application which contains false, misleading or incomplete statements and answers shall not be considered a properly completed application for examination for purposes of meeting the pre-registration requirements.

Affix here a 2 1/2 " x 2 1/2 " clear, full-face, head and shoulder photograph taken within the preceding 12 months

(Applicant's Signature)

Subscribed and Sworn before me this _____)

day of _____, 20 _____)

Notary Public

My commission expires _____

Notary please impress seal on both signature and edge of photo. Please do not deface photo.

EMPLOYER'S AFFIDAVITThis affidavit **must** be completed by applicant's licensee / employer)

Page 1

1. State of _____)
2. County of _____)
3. I hereby certify that _____ was
4. in my employ as a _____ and
was engaged in the following kind of work (Specify exact duties performed).
5. _____
6. _____
- 7 Date(s) Employed (**Exact Dates**): From: _____ / _____ / _____ To: _____ / _____ / _____
8. List Additional Employment
Dates If Applicable: From: _____ / _____ / _____ To: _____ / _____ / _____
9. Did employee mix and apply chemicals for the control of:
10. Household pests: Yes _____ No _____; Full time _____ *Part time _____
11. Average number of jobs treated monthly (approx.): _____
12. Wood-destroying Organisms: Yes _____ No _____; Full time _____ *Part time _____
13. Average number of jobs treated monthly (approx.): _____
14. Did employee participate in fumigation work:
Yes _____ No _____; Full time _____ *Part time _____
15. Average number of fumigation jobs participated in yearly (approx.): _____
16. *Explain part time work: _____
17. _____
18. _____
19. I hereby certify that the above information is true and correct to the best of my knowledge.
20. Signature of Employer _____
(NOTE: Must be Signed By Employer and Not His Agent)
21. Please Print Name Signed Above: _____
22. Employer's Position/Job Title: _____
23. Street Address _____
24. City _____ State _____ Zip _____
25. Name and type of business _____
26. _____
27. Subscribed and sworn to before me this _____ day of _____ 20 _____
28. **NOTARY SEAL** _____
(Signature of Notary Public)
29. My Commission expires _____